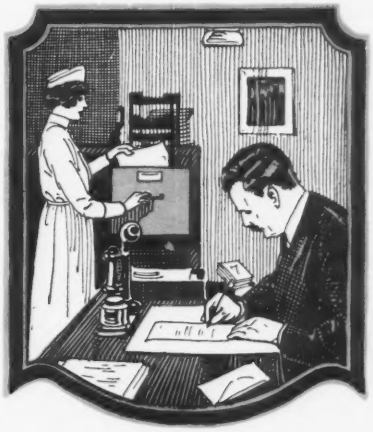
THE Canadian Hospital



A Monthly Journal for Hospital Executives

Toronto, Can. **The Edwards Publishing Company** July, 1931

IN THIS ISSUE—

"Kill it, and play safe," instinct told him. "Let it bite; you may learn something," his scientist's mind replied.

He knew he

FACED DEATH

...yet he let the mosquito bite!

IT was hot and steamy, that afternoon of September 13, 1900. In the yellow fever ward at Las Animas, Cuba, a young doctor moved slowly down the dreary row of cots.

He was a member of the Yellow Fever Commission, whose job it was to find the cause of the dread "yellow jack." Mosquitoes were suspected.

He paused to watch a mosquito that hovered above his hand. "Kill it, and play safe," instinct told him. "Let it bite; you may learn something," his scientist's mind replied.

Twelve days later, Dr. Jesse Lazear died of yellow fever. Today, this scourge is practically extinct.

* * *

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The New Tariff as it Affects Hospitals

WE would refer our readers to an article in the June, 1930, issue of The CANADIAN HOSPITAL Journal, entitled "Further Tariff Exemptions Will Benefit Hospitals" in which reference was made to items 476 (formerly 466), 476a and 476b. In the House of Commons Debates, Volume LXVII—No. 51, published June 1st, 1931, item 476b is reworded as follows:

476b Surgical suction apparatus including motive power; prepared surgical catgut; nitrous oxide; ethylene; ethyl chloride; operating room lights designed to minimize shadow, not including bulbs; all the foregoing of a class or kind not made in Canada and complete parts thereof, for the use of any public hospital, under regulations prescribed by the minister. (Free).

As reported in the June, 1930, issue of The CANADIAN HOSPITAL Journal, item 476b formerly read as follows:

476b Surgical suction apparatus including motive power; surgical catgut; chloroform; ethyl chloride; canopy or pedestal operating room lights designed to minimize shadow, not including bulbs; all the foregoing of a class or kind not made in Canada and complete parts thereof, when imported in good faith for the use and by the order of any public hospital. (Free).

The reader will note several changes, to wit: the addition of the word *"prepared"* before *"surgical catgut"*; the deletion of *"chloroform,"* (covered, we understand, under a separate item); the addition of *nitrous oxide* and ethylene to the list of "duty free" items, although why nitrous oxide is included we are at a loss to understand as it is manufactured in Canada and not, therefore, "of a class or kind not made in Canada"; the deletion of the qualifying adjectives *"canopy or pedestal"* in describing duty free operating room lights, which is a slight concession in that it permits the free entry of certain operating room lights hitherto dutiable.

These complete the changes, the *"regulations prescribed by the minister"* presumably being the same as before. It is gratifying indeed, to find that the concessions gained a year ago have not been revoked.

It looked for a time as though an additional burden were to be placed upon hospitals as the result of the imposition of a 4 per cent consumption or sales tax. Numerous enquiries addressed to Customs officials stationed at Toronto and Ottawa finally elicited the information that Schedule 111 of The Special War Revenue Act as amended provided for exemption in respect of "articles and materials for the sole use of any bona fide hospital when purchased for use exclusively by the said hospital and not for resale." This exemption is retroactive, being effective on and after June 2nd, 1931, though not announced until July 1st.

It is with great satisfaction that this exemption is viewed, and thanks are in order to those members of the Legislature who urged it. Otherwise the sales tax would have cost our hospitals anywhere from *one-quarter to one-third of a million dollars annually*, increasing their budgets at a most inopportune time.

Makes Plea for Assistance in Nurse Training

An appeal for Government aid for the education and training of nurses was addressed to the Hon. G. S. Henry, Prime Minister of Ontario and Provincial Minister of Education, when he attended the twenty-first graduating exercises of the Connaught Training School for Nurses, Weston, on June 4th. The plea was made by Miss E. MacPherson Dickson, Reg. N., Lady Superintendent, who in presenting her report said:

"It is a peculiar thing which has not often received public attention, that the education and training of nurses has been a responsibility which has been entirely assumed by public hospitals of the Province without assistance from the Department of Education, whereas under the auspices of the Honorable the Minister of Education, provision is made for the instruction for those who desire education in such branches as industrial, domestic, art, technical, commercial and agricultural subjects. There would seem to be no logical reason that some assistance should not be given in the training of students in nursing, whether it is carried out in hospital, as is now the practise, or by some other plan that may be evolved—since the training of nurses is undertaken chiefly for the benefit of the community who are to use their services subsequent to graduation."

Premier Henry, dealing with the suggestion in his speech, thought that state participation in matters which were most efficiently handled by private enterprises was a mistake. He suggested that there was a growing tendency to bring pressure to bear on the community to take burdens which were best left to private philanthropy. While not unmindful to the difficulties which were being encountered, he did not think that organized society in the form of the state should assume the responsibility for something which was now being carried on with such excellent results through private enterprise.

"Canadian Hospital" Articles Included in "Nosokomeion" Bibliography

IT is a source of great gratification to the Editor of The Canadian Hospital Journal to find that no less than thirteen articles appearing in September-December, 1930, issues of the Journal are included in the Bibliography of articles from publications in the April, 1931, issue of Nosokomeion, the quarterly international hospital review. These articles are as follows:

"Acoustic Plaster as an Aid to Quietness in the Hospital" by G. R. Anderson. September 1930, page 18.

"Five-Year Hospital Building Programme Costing $3,750,000 Proposed for Vancouver." October 1930, page 32.

"Hospital Standardization Report of 1930, Covers 25 to 48 Bed Group." December 1930, page 36.

"Nova Scotia Pharmacy Act Amended in Its Application to Hospital Pharmacists," by J. MacKnight. December 1930, page 30.

"The Relationship of the Medical Profession to the Hospital," by G. Harvey Agnew, M.D. November 1930, page 15.

"Opening of Nurses' Residence at Provincial Royal Jubilee Hospital an Interesting Event." September 1930, page 34.

"Arguments For and Against the Continuance of the School of Nursing Attached to the Small Hospital." September 1930, page 28.

"The Financial Responsibility for Training Schools for Nurses'," by W. J. Dobbie, M.D. November 1930, page 18.

"Facilities at Niagara Peninsula Sanitorium Include Fine X-Ray Department." November 1930, page 27.

"The Place of the Hospital in the Scheme of the County Health Unit," by Miss R. E. Hamilton. September 1930, page 16.

"Mothercraft Centre Established in Toronto Based on Plunket System." December 1930, page 34.

"Splendid Female Chronic Building Opened at Essondale Mental Hospital." October 1930, page 19.

"Sweeping Changes Involving Large Expenditures Recommended by Royal Commission." September 1930, page 20.

"The Canadian Hospital" Commended on Support Given to Hospital Day

WE are in receipt of a letter from Matthew O. Foley, Editorial Director of "Hospital Management" and Chairman of the National Hospital Day Committee, in which he thanks The Canadian Hospital for the support given to the National Hospital Day movement. His letter reads in part as follows: "I have looked through your recent issues and want to thank you very much for the space that you have given to National Hospital Day. You will be interested to know that thus far we have received reports from about 42 states and the District of Columbia and five or six provinces, indicating that hospitals had observed National Hospital Day.

"I am sure that the support that The Canadian Hospital gave National Hospital Day this year has been mutually valuable. I know that it has encouraged Canadian hospitals to have programmes, and I believe that those hospitals which observed the day for the first time as well as those who have been observing it for a number of years also appreciate the encouragement that you have given them through the publication of various articles about May 12th, methods of arranging programmes, etc."

The nurse is daily and hourly dealing with personalities. The most successful nurse doubtless is not the one who is merely skilful in the usual technique, but who in addition understands people and their psychology. In all of her work she is constantly required to take personalities into account.—*Stanley P. Davies.*

Important Resolutions Brought In At Manitoba Convention

THE tenth annual convention of the Manitoba Hospital Association was held in Portage la Prairie on Monday and Tuesday, June 15th and 16th. At 2 o'clock on Monday there were 53 delegates present, representing nineteen hospitals in the province. The meeting was opened by an address of welcome from Mayor J. C. Sharpe, of Portage la Prairie. This was followed by a paper from Mr. J. H. Metcalfe of Portage la Prairie, dealing with the problem of the "Costs and Maintenance of Extra Services in the Hospitals." Mr. Metcalfe called attention to the burden that was imposed on hospitals by the necessity of maintaining services such as X-Ray, laboratory and special treatment, equipment required for diagnostic and treatment purposes and the difficulty in obtaining payment for these services in the case of indigent patients, for whom the charges to be paid by municipalities were fixed by the Hospital Aid Act.

Urgent need to secure additional assistance from the public to offset financial outlays for costly diagnostic and therapeutic equipment.

This paper was followed by a Round Table Conference, conducted by Dr. Geo. F. Stephens, Superintendent of the Winnipeg General Hospital, who introduced and promoted discussion on many problems perplexing hospital administratives in Manitoba, and great interest was shown by all representatives present in these problems, some of which were referred to a resolution committee for presentation to the proper authorities.

In the evening the annual banquet was held, at which a very pleasing programme was presented, and an address given by Dr. G. Harvey Agnew, Secretary, Department of Hospital Service, of the Canadian Medical Association, dealing with the subject of "Health Evolution and the Hospital of To-morrow." Dr. Agnew dealt with the possibility of nationalization of medical services and the part that hospitals would be called upon to take in connection with such a service.

On Tuesday morning the annual meeting of the association was held and reports were heard from the officers of the association, the Secretary, Dr. G. S. Williams, Children's Hospital of Winnipeg, reporting on the activities of the association during the past year, and the Treasurer, Dr. Dougald McIntyre, Municipal Hospitals, Winnipeg, reporting a balance of $952.37 to the credit of the Association after all expenses for the year had been paid.

The Legislative Committee reported on new legislation during the year in connection with amendments to the Hospital Aid Act, and the resolution committee submitted the following, which were adopted by the meeting:

1. "Whereas the increasing use being made of costly radiological and laboratory procedures to permit more accurate diagnosis and the increased use of technical equipment to permit more advanced therapeutic procedure and therefore, better results, have increased considerably the cost of the hospital care of indigent patients, be it Resolved, that greater effort be made to acquaint the public of the financial problems facing our hospitals, and that a committee of this association consult with the Minister of Health and Public Welfare concerning the best means of relieving the hospital of this added expense."

2. "Whereas, the increasing number of victims of motor accidents treated by our hospitals for whom the hospitals cannot collect compensation, is creating an intolerable burden to most of our hospitals, a financial burden which is a factor in keeping up the cost of hospital care to our paying patients, be it Resolved, that in such unpaid cases, in addition to the ordinary recourse to collect the debt, there shall be a statutory lien in favor of the hospital upon any damages that may be recovered by the patient, and upon any accident insurance existing in connection with his car or himself."

3. "Whereas, there is need in Canada for some central organization to co-ordinate the work and activities of the various provincial and other hospital associations, to consider federal hospital problems, inter-provincial legislation and relationships, and to study general problems of administration, construction, organization, etc., be it Resolved, that the Manitoba Hospital Association approve of the formation of a Canadian Hospital Council and authorize the sending of two delegates to the organization meeting in September."

4. "Whereas, responsibility for persons awaiting deportation and confined to hospitals is frequently not being assumed by municipalities and the care of such persons as a result is a burden upon the hospital, be it Resolved, that the Department of Pensions and National Health be petitioned to assume responsibility for the hospital care of all such persons awaiting deportation, when such responsibility cannot be fixed upon some municipality or unorganized territory in that province."

5. "Whereas the Department of Hospital Service of the Canadian Medical Association has rendered inestimable service to the hospital field in Canada and thus contributed to the health of the nation, be it Resolved, that the thanks and appreciation of the Manitoba Hospital Association be tendered to the Sun Life Assurance Company of Canada for their generous support of this valuable and worthy service of the Canadian Medical Association."

6. "Whereas, we understand that the new sales tax will apply to all purchases of hospital equipment and supplies, and Whereas, the public hospitals of Canada are not maintained for profit, but for the health of the people and many of our hospitals are now badly handicapped financially in their efforts to meet the community needs,

and Whereas, the added restriction to their buying power will materially affect the efficiency of hospital service to the community concerned, be is Resolved, that the government of Canada be respectfully petitioned to exempt public hospitals from this sales tax, or at least make drawback facilities available."

The election of officers for the coming year was as follows:—

Honorary President—The Hon. E. W. Montgomery, M.D., LL.D., Minister of Health and Public Welfare.

President—J. H. Metcalfe, Portage la Prairie.

Vice-President—Miss G. A. Johnson, R.N., Neepawa General Hospital.

Secretary—Dr. G. S. Williams, Superintendent, Children's Hospital, Winnipeg.

Treasurer—Dr. Dougald McIntyre, Municipal Hospitals, Winnipeg.

The retiring President, Mr. A. McIntyre, although absent and not now a resident of the province, sent his retiring President's address, which was read by the Vice-President, Miss C. McLeod, R.N., Superintendent, Brandon General Hospital. He regretted having to discontinue his connection with the association owing to being now non-resident in the Province of Manitoba, and having outlined his plans for future sectional representation by all points of the province, hoped that the new executive would carry these plans to completion.

Great regret was expressed at the loss of Mr. McIntyre, who had been two years president of the association, and appreciation was expressed for the great assistance he had been in furthering the interests of the association in past years.

On Tuesday afternoon Miss G. A. Johnson, R.N., Neepawa General Hospital, gave a paper entitled "Stretching the Hospital Dollar," which was of great interest to hospitals, who are finding the financing of hospitals an increasing difficulty during these very critical times.

Dr. F. W. Jackson, Deputy Minister of Health and Public Welfare, gave a paper entitled "Present Day Minimum Requirements for Rural Hospitalization," in which he outlined the services necessary by rural hospitals for adequate service to the communities in which they are serving. This paper indicated the very careful study of hospital requirements that has been made by the Department of Health and Public Welfare, of the Province, and will serve as a guide to Rural Hospitals in planning their services for future years.

The convention adjourned on Tuesday afternoon, after holding one of the most representative meetings in its ten years of existence, and great pleasure was expressed at the interest and enthusiasm of Hospital Directors and Executives in the acute present day problems confronting hospitals to-day, and the very active steps being taken to meet the needs of the communities in rural and city districts to supply a hospital service to all branches of the communities.

VERDUN, P.Q.—It is thought that the Verdun General Hospital will be ready for occupation about October 1st. The building now under construction will cost in the neighbourhood of $600,000.

U. of T. Graduates First Class in Physiotherapy

In Convocation Hall, at 3 o'clock on June 6th, the first students graduated in Physiotherapy from the University of Toronto. The diplomas were presented by the President of the University, Sir Robert Falconer, and Dr. Duncan Graham addressed the graduating class on "The Future of our Graduates."

This first class to graduate was presented with membership pins from the Canadian Association of Massage and Remedial Gymnastics by Miss Hally, the president. Mrs. Woodcock, Educational Secretary of the Association, presented the prize for the highest standing, given by the Toronto Branch, to Miss Kathleen McMurrich.

Two years ago, the Extension Department of the University of Toronto organised a two-year course in Physiotherapy. This is the only course of its kind in Canada. It was begun with the idea of filling the need for fully trained young women, capable of giving massage, medical gymnastics and all forms of electrical therapy under medical supervision. The course is based on the requirements of the Chartered Society of Massage and Remedial Gymnastics in England, and when the students have graduated they become members of the Canadian Association of Massage and Remedial Gymnastics.

The subjects included in the course are as follows:

Theory—Anatomy, Physiology, Psychology, Theory of Treatments, Physics, Theory of Swedish Gymnastics, Theory of Massage and Medical Gymnastics, First Aid, Home Nursing, Hygiene, Electrical lectures and special course in Medicine and Surgery.

Practise—Massage, Medical Gymnastics, Swedish Gymnastics, Bandaging, Splinting, Electrical Demonstrations and surface Anatomy.

Experience—The first year students commence hospital work in February, two afternoons a week. They also spend two months in hospitals during the summer. The second-year students commence hospital work in October and continue four afternoons a week throughout the year. They also have patients for Medical Gymnastics at the School for Crippled Children and the Forest Hill Village School.

The above experience is gained at the Toronto General Hospital under supervision, and lectures and practise in Massage and Medical Gymnastics are given at The Margaret Eaton School by members of their staff. Most of the graduates of this class are spending three months as internes in various hospitals to gain further experience.

The following are the graduates: Kathleen I. McMurrich, Rachel E. Blackhall, Kathleen E. Woolley, Doris A. Sinclair, Jessie M. Forbes, Constance I. Burch, Grace L. M. Hoidge, Rita Harland.

Department of Health Broadcasts

During the past four months ten-minute health talks by radio have been broadcast under the direction of the Department of Health and Public Welfare for the Province of Manitoba. Among the speakers have been Miss E. A. Russell, Director of Public Health Nursing Service, and Miss A. E. Wells of the Health Education Service.—*The Canadian Nurse.*

How the Nursing Situation Can Be Helped in the Interest of Education, the Patient and the Hospital

By PHILIP KING BROWN, M.D.
Medical Director, Southern Pacific Hospital, San Francisco, California, U.S.A.

BEFORE presenting to you a criticism of the nursing situation I must say a word inspired by the presence of the British flag with our own over the platform which I find is there, because this is a combined meeting of the British Columbia Hospital Association with our Western Association. Our greatest point of interest is not so much what we can contribute to each other, but our common indebtedness to Florence Nightingale for what she did for the education of nurses. British nurses the world over owe to her the position in which she placed nursing service, as well as nursing education, in the very beginning. It cannot be said that nursing service in this country has maintained the social and educational position that it has long held in England and her colonies. We have grown too rapidly to maintain this standard uniformly. Nurses have been found extremely useful in many special fields in this country, and nursing education as a basis for specialism promises to be an important development of the immediate future. The tremendous supply of nurses necessary to maintain our hospitals has lowered standards a good deal, although there has been a constant struggle to keep them on the upward trend. We have not been as fortunate as our neighbours in having the nurses compete for entrance to the nursing schools instead of, as is too often the case in this country, a competition of the schools for applicants.

Only good can come out of a frank discussion of our common problems.

Nursing Education has developed so rapidly in this country that it forces upon our consideration its importance as a factor in the cost of medical care. It seems wise to pause a moment and review the advances of the last ten or fifteen years and estimate if we can, whether or not we are on the right road to the solution of the question as to whether nursing education, as now carried on, is the best way to continue it, whether the private duty nurse can continue to look for enough employment to make the profession look popular as a means of support, whether we are getting a constantly higher type of young women of better education from better homes, whether our efforts at standardization give us a fairly uniform type of training, whether the training course is too long or too short, and whether after all the support of a training school is a just charge on the sick.

I can recall the successful effort made by my mother to secure the funds that began in San Francisco the first training school for nurses in California, one of the first ten in the United States. I am speaking of this subject therefore as one who has seen its whole development here in California, and if in expressing some views with which others may not be in accord, I seem to criticize anything that has been accomplished, or any direction in which advances have been made, it is only to raise the question as to whether the present status is the best one for the nurse herself, the patient, doctor and hospital. Certainly nursing as a profession is a vastly different thing everywhere that it has been developed, whether in the British Empire, the continent of Europe, or here.

Nowhere in the British Empire do young women take up nursing with the expectation of its enabling them to make a substantial living. The idea of service is uppermost in the young woman's mind. The training course is 3 or 4 years, with an extra six to nine months for pediatrics, obstetrics and the nursing of fever, with harder and longer hours of work than any of our training schools require, with very poor pay in the end compared to what is received in this country. As a rule a more mature, better trained and more serious minded class of nurses have been graduated from these schools.

In all France there was only one training school at the time of the war, and French hospitals show the result. Germany is more advanced. Nurses there are called sisters and often represent religious orders. The training was primarily begun as a war measure and although it is good, it is on a totally different basis from the training in this country or Great Britain.

The very rapid growth of hospitals in this country has called for a large supply of trained nurses and in turn, has developed the supply often at the expense of quality. That it has been a battle for a half century to raise standards in these schools and to unify them, is no secret. Our standard of living of the great working class is the highest in the world at any time, and we have built our hospitals not alone for the dependent class as they have abroad, but for the working class and the rich, neither of whom come in for much consideration in organized plans for hospital care outside this country. The working class is so near the line of dependency that its members are cared for when very ill or needing surgery in free hospitals and the well to do go to nursing homes and the private clinics of the better established doctors. Many of these doctors patronize certain of the nursing homes and gradually they become known as associated only with a single doctor's patients.

It is easy to see that private duty nursing is not there the field that it is in this country where our resources are such that the patient demands individual care of one or two nurses, where private and public hospitals have provided thousands of rooms for patients to fit almost any but the flattest purse, and where the care of patients on general duty must suffer in consequence. Doctors have provided the hospitals for the paying patients in this

country and as a rule nurses themselves provide most of it elsewhere. The administrative difficulties present two vastly different problems, and there is no solution as yet in sight for the problem of the private hospitals for the middle class in this country. Less than 40% of New York doctors have access to hospitals for their patients and there are practically no nursing homes. It is safe to say that home care, often without nurse or doctor, must be the consequence in thousands of instances. What is true in New York is growingly so in every large city in the U.S., but more and more the problem of adequate nursing has presented itself and the high cost of maintenance of these hospitals, due to expensive nursing service, has wrecked more than one.

To maintain the high and constantly improved standard of education for nurses, an adequate remuneration when they have fitted themselves is necessary. To enable the nurse to work effectively, a limited amount of work must be arranged. It is difficult to see how the matter can be made better and this difficulty justifies one in offering for a partial solution at least, a transfer of the expense of nursing education to the state. There is no reason why it should be made a charge on the sick as it is more and more in our country.

The further arguments for state education are that the life of the nurse in training is too much a nunnery existence without the advantage of religious inspiration. She works hard by day and has inadequate opportunity for recreation and diversion in her off time. She is taught subjects in text books, crammed into her educational system, that never should be taught outside of properly equipped lecture rooms and laboratories and by highly trained teachers. Anatomy, chemistry, bacteriology, physiology and even materia medica cannot be taught except in properly equipped teaching institutions with laboratory facilities. Time spent on them elsewhere, and it amounts to 200 hours in the first few months of the standardized course, is almost wholly wasted. Dietetics and elementary pathology in later periods belong in the same category. All these things should be taught outside of hospitals, except those connected with medical schools, or where laboratories and trained teachers are available.

Let us see what steps have been taken to meet this situation. Four years ago there was established in the University of California a chair in nursing education. About ten of the high schools or junior colleges in this state now give courses which cover part of this ground. There is no reason whatever why all of it should not be covered in these institutions and the commercial high schools precisely as they cover preliminary work for other professions. It is a burden and expense on hospitals that has been forced on them unwisely and unfairly, and except in the case of hospitals connected with medical schools, it cannot be met satisfactorily by the present plan. Once the preliminary work is provided for, its place can be taken very profitably in public and private hospitals by more bedside clinics for nurses. The principles and practice of nursing, 90 hours of lectures, is a deadly and out-of-date plan and belongs to the didactic school of medicine that passed some 40 years ago. In its place substitute case teaching to which now only 15 hours is allotted and more bedside clinics, which are the practical application of the case method. The Harvard Law School began this some 50 years ago. Dr. Richard Cabot introduced it into medicine and the Harvard School of Business Administration is run on this method entirely. Its application will require more teachers and better trained ones, but your chair of nursing education in the University of California is a step in that direction and needs great stimulation and development.

Two more changes are in order. Having prepared the young woman properly in a high school or junior college for her practical nursing education, enroll her for this training in accredited hospitals staffed by a required number of graduate nurses, a proportionate number of super-

(Continued on page 14)

The question of nursing education is one which is engaging much attention at the present time, and one which has been approached from numerous angles.

In this paper, presented at the Western Hospital Association Convention at Oakland, California, Dr Brown has voiced some timely criticisms and has offered suggestions for changes which he feels will make for better and more efficient nursing and add to the qualifications of the nurse herself.

The changes stressed in this paper may be summarized as follows:

1. *Transfer pre-nursing educational training to the state.*
2. *Require student nurses to live outside the hospital.*
3. *Shorten and intensify bedside work*
4. *Broaden the training for advanced nursing work.*

How to **REDUCE** • Floor Maintenance Costs

THE ROBUST GENTLEMAN pictured above, if you please, is our conception of the average floor maintenance budget. His portly waistline is unquestionably the result of over-indulgence . . . of improper diet.

What he really needs . . . if he is seriously interested in regaining a healthy, economical figure . . . is a simple diet of Car-Na-Var, the perfect floor treatment.

For *Car-Na-Var has certainly accomplished wonders by way of dropping excess dollars from lusty maintenance budgets... for all kinds of floors, too: wood, linoleum, tile, concrete, cork, etc. It practically eliminates scrubbing . . .and is far more durable and economical than other floor treatments.

Besides, Car-Na-Var is a diet any self-respecting floor will thrive on. It makes them beautiful, lustrous, the object of frequent admiration. It protects them from the wear and tear of constant traffic.

What is Car-Na-Var? A modern scientific combination of varnish gum and waxes. Applied with a mop . . . ready for traffic in an hour. The coupon below will bring you full details.

*For rubber floors use Rubber-Var, companion treatment to Car-Na-Var.

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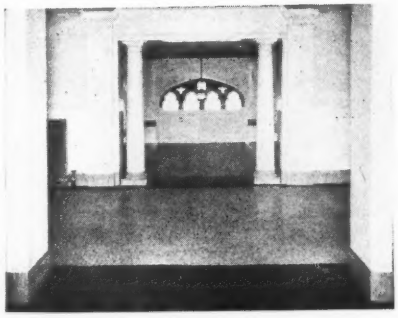
Everyone interested in the efficient and economical maintenance of floors should have a copy of "Floor Research". Written by a nationally-known floor consultant. Send coupon for free copy.



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Without obligation send me FREE copy of "Floor Research". Also send me further details about Car-Na-Var and Rubber-Var and your FREE TEST offer.

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"CUT THE OVERHEAD UNDER YOUR FEET"

Please refer to THE CANADIAN HOSPITAL when writing

How the Nursing Situation Can Be Helped in the Interest of Education, the Patient and the Hospital

(Continued from page 12)

vising teachers must be employed. Treat the student nurses precisely as we treat normal school students who represent the same age and class of young women with the same type of preliminary education. We do not board and pay these normal school students, and there is no reason why we should do either for the student nurses. Instead, let us provide them with more and better practical instruction and supervision, rest and study rooms, and let them choose their own environment for the time spent out of hospitals. Their health conditions need some supervision and they should start with a thorough physical examination and correction of all conditions dangerous to health, so that the care of the health during the practical training, should not be an unreasonable charge on hospital as it is now. Illnesses and operations not resulting from line of duty should not be an expense to the hospital, because they are an unwarranted charge on the cost of medical care. If the state provides part of the nurse's education, it is not going to give medical care during that period, and there is no reason why the hospital should do so during the practical part of the education.

The second change would follow as a matter of course. The period of general training for work as a nurse could be cut in half. No one can deny that the present system, in any but ward work, is very unsatisfactory for patients, doctors and nurses alike. When 8 different nurses a day run in and out of a sick room, there is confusion and waste. The interruptions of work by reason of endless, more or less prefunctory lectures, is bad. The light system of signaling for nurses is a waste and should be replaced in all hospitals by the combined light and supplementary amplified telephone service which enables the patient to be heard in the central office when one speaks, so 50% of the running back and forth by nurses could be eliminated. Economy of effort on the part of the nurse should be drilled into her along with economy in every sense.

Nurses go into private homes not supplied with linen as are hospitals, and use 3 or 4 times more linen than is necessary. They are not taught that the alcohol used in hospitals is tax free and costs 70 cents a gallon, while the private patient pays ten times that much. Dressings, gauze, food, and supplies of all kinds are too often used wastefully. If proper economy isn't taught these young women in their own homes, it certainly ought to be taught in hospitals. The divided relationship to patients of nurses serving at irregular hours, destroys one of the chief opportunities for developing in nurses the responsibility to individual patients. One no longer hears in hospitals the words "my patient." The individual is more apt to be referred to by the room number. A close relationship to her patients and a sense of responsibility toward them is one of a nurse's greatest powers of helpfulness in sickness. We are losing that too much in our present system.

For the nurse's sake and to preserve her position she should not be called upon in hospitals to do impersonal work better left to maids. That work she can do and may have to do for private cases under certain conditions, but if she be a good nurse, properly brought up and properly trained, she should be careful to leave nothing to be cleaned up after her and should not make her presence in a household an additional burden to that household's machinery. These criticisms arise in consequence again of a system where hospitals have to make inducements to young women to enter training. They concern a great minority of nurses, but they evidence a weakness in our present system. Reduce somewhat the compensation of this group of nurses who will be fitted to do all but highly specialized work. At the end of the proper preliminary education in high school or junior college and one year's practical hospital training, give them the opportunity of taking as many graduate courses as they may wish, fitting them at the end of the next year for title and all privileges now enjoyed by Registered Nurses. This final year may be used to fit nurses for such specialties as

1. **Obstetrics.**
2. **Eye, ear, nose and throat work.**
3. **Pediatrics.**
4. **Psychiatry and mental hygiene.**
5. **Tuberculosis nursing.**
6. **Laboratory or X-ray work.**
7. **Medical stenography.**
8. **Public health.**
9. **Medical social service.**
10. **Institution management.**
11. **Operating technique, advanced course not included in 1st year.**
12. **Dietetics in metabolic disease.**

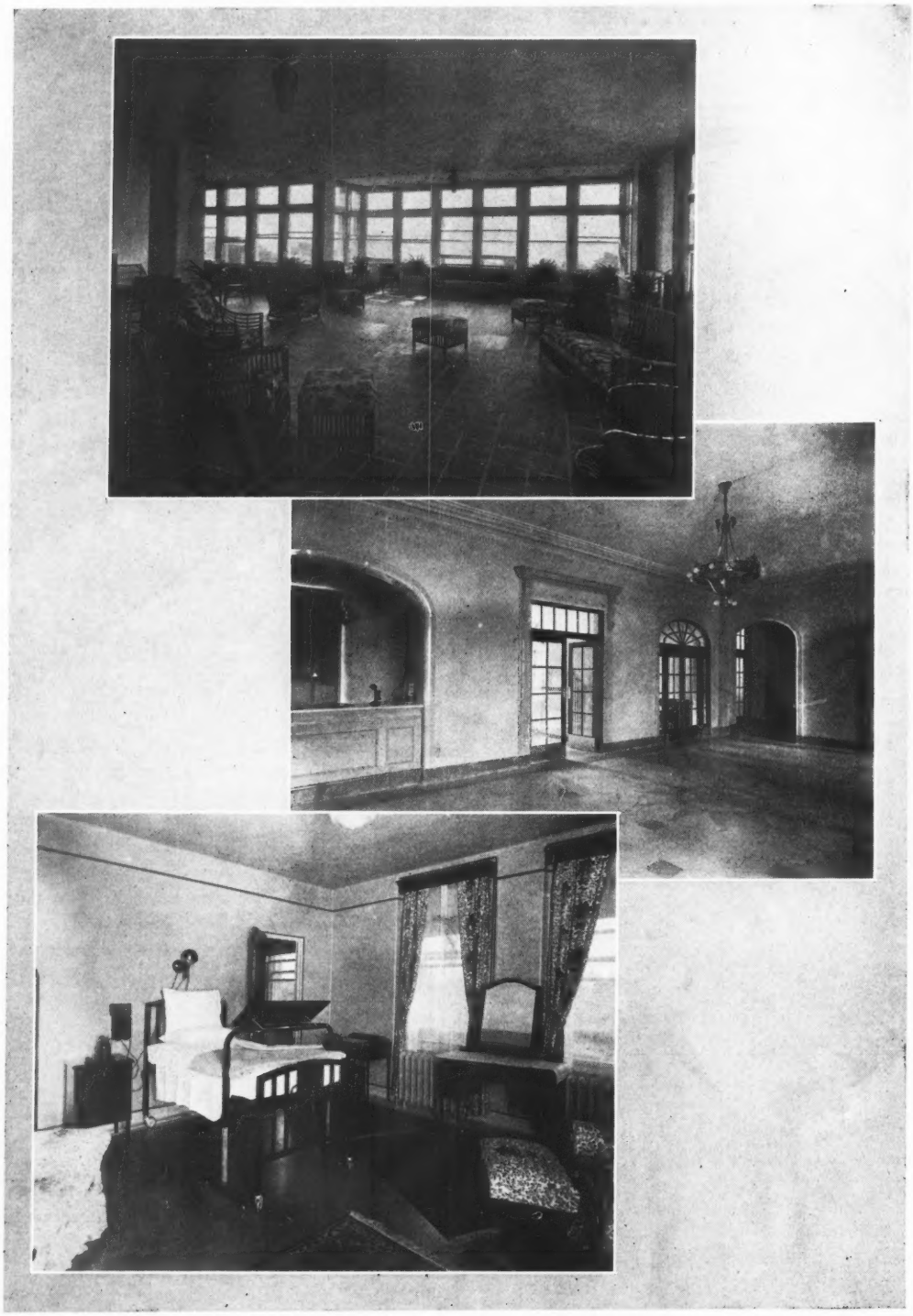
The courses could be a minimum of 3 months each and some would have to be longer, but as young women are looking more and more to permanent positions, they could enter them with far better preparation and less waste of time. If a student nurse develops a liking for one field, she ought to be able to devote herself to that field on the sufficient foundation of her preliminary high school prenursing work and the year of practical supervised bedside training. In England, an extra 6 to 9 months of training is necessary for nurses who wish to qualify to care for fevers, pediatrics and obstetrics. While as yet we have done little to standardize graduate work, it would seem desirable to begin it at once. Public health courses have been the opening wedge, but that is not more than a beginning. The combining of nursing education with college work is a further step, but unpopular because college women do not take kindly to the restricted living plan of nursing schools. The training of a nurse as a preliminary to the specialties open to her is too long. She may want a year or two of private nursing before deciding what she wishes to devote herself to, and under the present system it would take so long that there is danger of her entering the specialty field illy prepared, drifting into it rather than preparing herself for it.

Summary

1. Transfer pre nursing educational training to the state.
2. Require student nurses to live outside hospital.
3. Shorten and intensify bedside work.
4. Broaden the training for advanced nursing work.

Presented at the Western Hospital Association Convention, Oakland, California, April, 1931.

KINGSTON GENERAL HOSPITAL



Top—This is one of the attractive sunrooms in the new wing of the Kingston General Hospital, Kingston, Ontario. Stick reed and gay chintz make an attractive alliance.

Centre—A quiet dignity characterizes the rotunda of the new wing, shown here. The attention of our readers is directed to the electrical fixtures and to the floor.

Bottom—Complete to a writing desk and a thermos bottle are the private rooms in the new Watkins wing of the Kingston General Hospital. Lavish use is made of gay chintz for draperies and upholstery.

Keeping Young Saskatchewan Fit

By MISS CAMERON
Nurse in Charge, Red Cross Outpost,
Bracken, Sask.

The keeping of National Hospital Day was made a real event at the Red Cross Outpost, Bracken. Early in April I invited all babies born during the previous eighteen months to come to be checked over on May 12th at the Outpost. Dr. O'Brian of Frontier and Dr. Bates of Bracken gave their services free for the afternoon. The Homemakers' Club prepared the Church as a place in which to gather, comfortable chairs were supplied for the mothers, baskets, cots and carriages for the wee tots were provided, also provision for heating baby feedings.

Babies were classified in groups, 1-3 months, 3-6 months, 6-9 months, 9-12 months, 12-18 months. Talks were given to the mothers in groups as the babies were classified, explaining the clinic idea of having the children examined while they were well with the idea of keeping them well. Isolation was explained; the prevention of the spread of contagious disease, vaccination and the immunization for diphtheria was stressed.

One room was set apart for weighing and measuring the babies. They were undressed, weighed and measured, weights and measurements noted on a chart, with baby's name, date of birth and standard weights and measurements for the age. Each mother and babe, with the chart, then went before the high tribunal, where the two doctors spent the afternoon examining babies and commending or advising mothers. After the examination when the babies were dressed another room was visited where there was a very attractive display. Baby layettes of 1910 looked very unwieldy beside the simple things of 1931. Necessary articles for a bath were shown, correct equipment and material for bottle feeding. Pictures showing correct holding of a baby for bottle feeding brought much comment.

From left to right are seen Miss Stewart, Supervisor of Saskatchewan Red Cross Outposts; Miss Cameron, Nurse-in-Charge of the Bracken Outpost; Dr. O'Brien of Frontier, and Miss Brown, Staff Nurse at the Outpost. In the foreground is one of the posters which added colour to the celebration of National Hospital Day at the Bracken Outpost.

LUIS MERCADO, (1520-1606), foremost Spanish physician of his time, personal physician to both Philip II and his successor, was the author of many books. By royal command his surgery was made a text book for all students of surgery. The first section is devoted to ulcers, cancers, and tumors, and the second to wound treatment. He favored the use of sutures for the approximation of gaping wounds and employed a curved, triangular pointed needle with doubled thread.

D&G Sutures PRICE LIST FOR DOMINION OF CANADA

Kalmerid Catgut

GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.

The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

TWO VARIETIES

BOILABLE* NO.		NON-BOILABLE NO.
1205	PLAIN CATGUT	1405
1225	10-DAY CHROMIC	1425
1245	20-DAY CHROMIC	1445
1285	40-DAY CHROMIC	1485

Sizes: 000 . . 00 . . 0 . . 1 . . 2 . . 3 . . 4

Approximately 60 inches in each tube

Package of 12 tubes of a size $3.60
Less 20% on gross or more or $34.56, net, a gross

Kalmerid Kangaroo Tendons

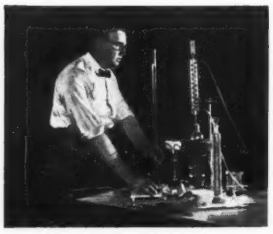
GERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.

NO.	
370	NON-BOILABLE GRADE
380	*BOILABLE GRADE

Sizes: 0 . . 2 . . 4 . . 6 . . 8 . . 16 . . 24

Each tube contains one tendon
Lengths vary from 12 to 20 inches

Package of 12 tubes of a size $3.60
Less 20% on gross or more or $34.56, net, a gross

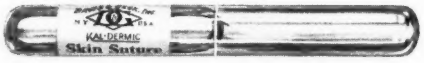


D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.

Kal-dermic Skin Sutures

"IDEAL FOR DERMA-CLOSURE"

A NON-CAPILLARY, heat sterilized suture of unusual flexibility and strength. It is uniform in size, non-irritating, and of distinctive blue color. Boilable.*



NO.		INCHES IN TUBE	DOZEN
550	WITHOUT NEEDLE	60	$3.60
852	WITHOUT NEEDLE	20	1.80
954	WITH ½-CURVED NEEDLE	20	3.00

Sizes: 000 (FINE) 00 (MEDIUM) 0 (COARSE)

In packages of 12 tubes of a kind and size
20% discount on one gross tubes or more

Kal-dermic Tension Sutures

IDENTICAL in all respects to Kal-dermic skin sutures but larger in size.

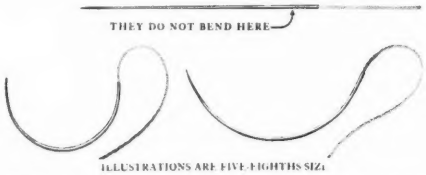
NO.		INCHES IN TUBE	DOZEN
555	WITHOUT NEEDLE	60	$3.60

Sizes: 1 (FINE) 2 (MEDIUM) 3 (COARSE)

In packages of 12 tubes of a kind and size
20% discount on one gross tubes or more

Atraumatic Sutures

FOR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.*



ILLUSTRATIONS ARE FIVE-EIGHTHS SIZE

NO.		INCHES IN TUBE	DOZEN
1341	STRAIGHT NEEDLE	28	$3.60
1342	TWO STRAIGHT NEEDLES	36	4.20
1343	⅜-CIRCLE NEEDLE	28	4.20
1345	½-CIRCLE NEEDLE	28	4.20

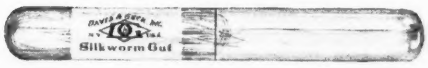
Sizes: 00 . . 0 . . 1

In packages of 12 tubes of a kind and size
20% discount on one gross tubes or more

DAVIS & GECK, INC. ▿ 217 DUFFIELD ST. ▿ BROOKLYN, N.Y.

D&G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

Unabsorbable Sutures



No.		Inches in Tube	Sizes
350	Celluloid-Linen	60	000, 00, 0
360	Horsehair	168	00
390	White Silkworm Gut	84	00, 0, 1
400	Black Silkworm Gut	84	00, 0, 1
450	White Twisted Silk	60	000 to 3
460	Black Twisted Silk	60	000, 0, 2
480	White Braided Silk	60	00, 0, 2, 4
490	Black Braided Silk	60	00, 1, 4

BOILABLE

Package of 12 tubes of a size.....$3.60
Less 20% on gross or more or $34.56, net, a gross

Short Sutures for Minor Surgery

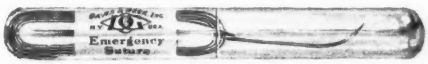
No.		Inches in Tube	Sizes
802	Plain Kalmerid Catgut	20	00, 0, 1, 2, 3
812	10-Day Kalmerid "	20	00, 0, 1, 2, 3
822	20-Day Kalmerid "	20	00, 0, 1, 2, 3
862	Horsehair	56	00
872	White Silkworm Gut	28	0
882	White Twisted Silk	20	000, 0, 2
892	Umbilical Tape	24	⅛-in. wide

BOILABLE

Package of 12 tubes of a size.....$1.80
Less 20% on gross or more or $17.28, net, a gross

Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



No.		Inches in Tube	Sizes
904	Plain Kalmerid Catgut	20	00, 0, 1, 2, 3
914	10-Day Kalmerid "	20	00, 0, 1, 2, 3
924	20-Day Kalmerid "	20	00, 0, 1, 2, 3
964	Horsehair	56	00
974	White Silkworm Gut	28	0
984	White Twisted Silk	20	000, 0, 2

BOILABLE

Package of 12 tubes of a size.....$3.00
Less 20% on gross or more or $28.80, net, a gross

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.

Obstetrical Sutures

FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.*

No. 650. Package of 12 tubes.....$4.20
Less 20% on gross or more or $40.32, net, a gross

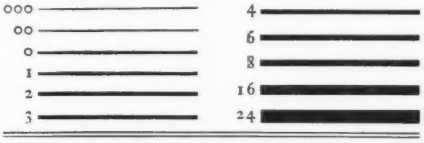
Circumcision Sutures

A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.*

No. 600. Package of 12 tubes.....$3.60
Less 20% on gross or more or $34.56, net, a gross

Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown



*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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D&G KAL-DERMIC

Sutures for Skin and Tension Work

D&G Kal-dermic Skin and Tension Sutures possess all the merits of silk, silkworm gut, and horsehair, with none of their disadvantages.

NON-CAPILLARY—Unlike silk, they cannot act as a wick to draw infection inward from the surface.

EXCEPTIONAL STRENGTH—Even the smallest size is stronger than horsehair.

UNUSUAL FLEXIBILITY—Unlike silkworm gut, they are pliable under all conditions, and will not crack.

D & G Kal-dermic Sutures are sterilized by heat, are non-irritating, uniform in size, and of distinctive blue color. They are unaffected by age, climate, or light.

Prepared in sizes 000, 00, and 0, in twenty and sixty inch lengths without needles; and in twenty inch lengths with needles. Also in sizes 1, 2, and 3 in sixty inch lengths without needles for tension work. All tubes are boilable.

DAVIS & GECK, INC. ▾ 217 DUFFIELD ST. ▾ BROOKLYN, N. Y.

Red Cross Outpost, Wood Mountain, Sask. Has Completed Five Years' Service

The Red Cross Outpost at Wood Mountain, Saskatchewan, was opened in January 1926, writes Miss Jessie M. Jackson, Nurse in Charge, so that to date it has completed more than five years' service to the surrounding district. The nearest doctor was 35 miles away when the Outpost opened its doors and the nearest railroad was equi-distant. Since then, in 1929 to be exact, the C.P.R. built a railroad between Assiniboia, 45 miles north of Wood Mountain, and Mankota, which is about 55 miles west of Wood Mountain Station. The station is 5 miles from the Outpost.

A tri-weekly mail service is enjoyed at the Outpost and the balance of contact with the world at large is via radio. The Hospital has five adult beds and one child's cot, and is kept very busy most of the time. Grain crops may hit and miss, but the stork arrives at the Outpost fairly regularly, leaving a baby girl or baby boy who is always welcome. Donations made from time to time add to the equipment and upkeep of the Outpost.

Recently the Homemakers' Club at Lonesome Butte gave a three-burner oilstove and the bachelors of the old Post (there being a Royal North West Mounted Police Barracks there in the early days, hence the appellation "the old Post") put on a dance and donated the proceeds to the Hospital, thereby obtaining a child's cot and reading lamp. The Moose Jaw Red Cross Branch are very good friends, helping the Outpost in various ways. Hospital Day was observed on May 31st this year instead of on May 12th, National Hospital Day, this date being more suitable to the people of the district.

Ottawa Tests Find Quality of Ether Improving

A recent announcement from Ottawa advises that the quality of anaesthetic ether used in Canadian hospitals is found by the Department of Pensions and National Health to be improving. Following a survey by departmental inspectors, it is found that of all samples taken, only 8 per cent were inferior, as compared with 65 per cent in 1925-26 and 25 per cent in 1927-28.

Two leading brands constituted 93 per cent of the samples, and of these 8 packages were found to be inferior. Of the remaining 19 samples, representing seven lesser known brands, 11 were inferior. Samples of ethyl chloride were also taken and the product found to be excellent in quality.

Western Hospital, Toronto, Loses Valuable Employee

Mr. James Barnes, for many years a trusted and valuable employe of the Western Hospital, Toronto, passed away very suddenly at the hospital on Sunday, June 14th, despite valiant efforts on behalf of staff doctors to save his life. Mr. Barnes was employed in the laboratory, which is directed by Dr. Willinsky, and his death is a distinct loss to this department. The funeral was held from Speer's Undertaking Parlours, Dundas Street West, on Tuesday, June 16th. Mr. Barnes was in his 40th year.

New Uses of Rubber As An X-Ray Repellent

By JAMES H. STEDMAN
Originator of Reinforced Rubber Flooring and Allied Products

THE question of what treatment floors, walls and ceilings of X-Ray, deep therapy, radiographic and fluoroscopic rooms should receive in order that they may be X-Ray proof, is one that is attracting more and deeper attention on the part of hospital directors and architects, as well as members of building committees, realizing as they must the disastrous effects of uncontrolled rays.

By an unusual process, Litharge has been compounded with reinforced rubber and gives excellent results in "Ray proofing" walls, ceilings and floors of X-Ray rooms.

The standard practice of using sheet lead in varying thicknesses, ⅛" to ¼", according to the needs of the particular room, has its advantages and also its distinct disadvantages. Of the former it should be said that properly installed it is positive in its ability to stop X-Ray penetration when sufficient thickness is used. It is this fact which has made sheet lead the recognized medium for X-ray penetration resistance in the hospital. There are, however, certain disadvantages to sheet lead which makes it not as ideal as might be desired.

It is difficult of application even in new construction, due to the weight per square foot (in ¼ of 16 lbs.) which weight in any sizable sheets, say 4' x 10', would be 640 pounds, is an awkward unit to handle and having the definite tendency to sag even after it is nailed to the wood grounds or studding. The art of joining the edges of the different sheets, known as lead burning, is practiced by a closely guarded craft whose labor brings a high return. The consequent cost for sheet-lead installation is high, running up to $4 per square foot for ¼" on walls and ceiling to $2.50 to $3 per square foot for floors. That is just for the lead installed but with no allowance for the special grounds necessary for the nailing or for any treatment of a finishing nature. It is not only unsightly if not covered with plaster or something else on the walls and is most impractical without a further covering for floor use. We must, therefore, consider the extra cost of such treatment to that of the sheet lead, which in the case of the walls will run $1 to $1.50 per square foot and on the floor approximately $1 per square foot, so that the finished installation using ¼" sheet lead will run from $3.50 to $4 per square foot for the floors and from $5 to $6 per square foot for the walls and ceilings.

Furthermore, sheet lead, due to its electrical conductivity, may produce some peculiar problems, such as static sparking and its condenser effect may influence the readings of delicate instruments.

Much discussion has been given to the advantages of using barium sulphate mixed with plaster as being a satisfactory treatment for walls and ceilings, but here we have a definite problem, for barium in the first place is not nearly as opaque to X-ray as lead, and consequently the thickness must be far greater to obtain a desired result. Further, danger in the use of barium is great in that it is most difficult to check up on the work of the individual who is doing the plastering, and unless in each and every batch the plasterer mixes, there is the recognized amount of barium included, there will be areas in the walls and ceiling which will be anything but X-Ray proof.

Who is going to stand by the mechanic and see that his job is properly performed? Certainly it must be one who puts the value of human life above the dollar or ease of labor, for it certainly is less costly to the contractor to avoid the use of barium, and easier for his mechanic not to bother with mixing it properly, and even if all precautions are taken, there are the inevitable hair-line and often settling cracks which would freely allow escape of radiation.

It was a full knowledge of both of these conditions which lead the late Henry E. Webster, Director of the Royal Victoria Hospital in Montreal, to discuss with the writer the question of the possible use of barium sulphate, incorporated into rubber and the resultant product vulcanized into rubber sheets of varying thicknesses.

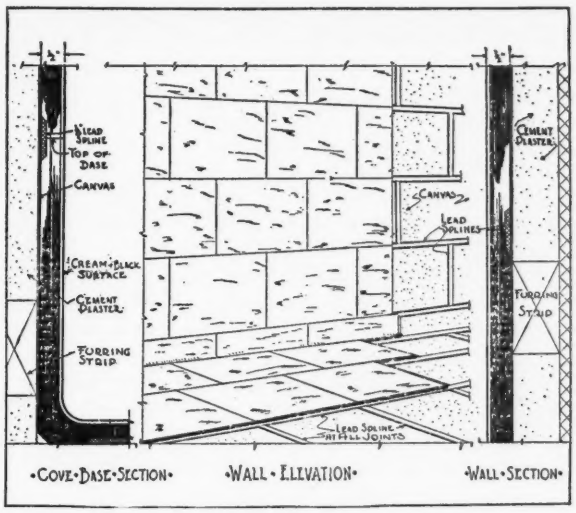
The first experiments were conducted with barium sulphate and it was found possible to add to one pound of rubber 4 pounds of barium sulphate (gravity 4.40) which in terms of ½" barium rubber was about as effective as 1/12" lead. The result was discussed with Doctor Samuel W. Ellsworth and Frank E. Wheatley of Boston and tested by them in their X-Ray department. It was at their suggestion that a further line of experiments were conducted in which litharge (gravity 9.28), was substituted for barium in compounding with reinforced rubber. Such experiments covering a period of two years were made and it was found that by a process most unusual, and yet definitely simple, that the ½" litharge reinforced rubber was as opaque to X-Ray as ⅛" sheet lead.

Under a quality of X-Ray commonly used in radiographic and fluoroscopic work, the tests made by means of the fluoroscope were run as follows:

Peak K. V.	70	M. A.	10	No penetration	
" "	84	"	10	"	"
" "	84	"	40	"	"
" "	84	"	50	"	"
" "	98	"	50	"	"

This was a comparison of a sheet of ⅛" sheet lead with ½" thickness of reinforced ray rubber.

In considering radioscopic and fluoroscopic work as being in one general class the maximum being 98 peak K.V. and 50 M.A., it would be safe to use ½" of rein-



Ray-proof Rubber construction details.

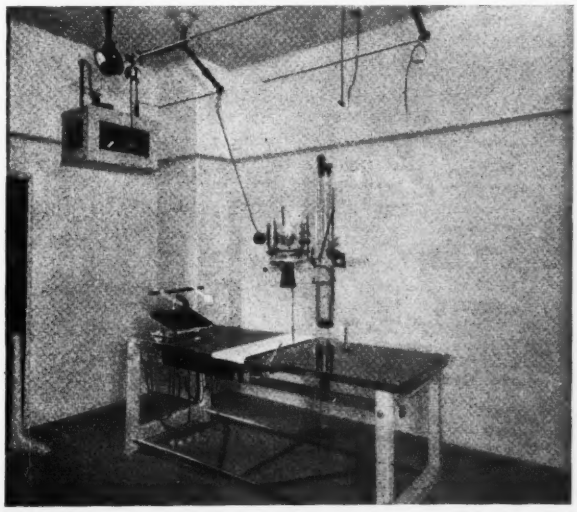
forced ray rubber as being equivalent to ⅛" sheet lead. However, for deep therapy, sheet lead of ¼" in thickness has been the standard adopted, the maximum there being peak 250 K.V. and 40 M.A. One inch reinforced ray rubber would consequently be necessary to use for adequate protection.

From this it will be seen that for fluoroscopic and radiographic X-Ray rooms the ½" litharge reinforced rubber would be safe, and for deep therapy (where ¼" sheet lead is required) that 1" of the reinforced rubber would be needed.

And what of the advantages of the use of this specially prepared rubber? In what way is it better than lead or plaster?

First: Comparative ease of installation being in units of 18" x 24" with butted edges; it is easy to handle and positive in its application in both old and new construction. By laying the floor in the usual manner with this

(Continued on page 29)



Room treated with Ray-proof Rubber.

New Wing of St. Joseph's Hospital, Sudbury, Incorporates Best of Modern Features

SUDBURY, the nickel city of Northern Ontario, now has one of the largest and finest hospitals for a city of its size in the whole Dominion of Canada. With the addition of the new wing, officially opened on Thursday, March 19th, the hospital has accommodation for 250 patients. This accommodation includes 48 private rooms, 12 semi-private rooms, 4 four-bed wards and a number of six-bed wards. The new wing contains 35 private and semi-private rooms for about 45 patients, and 4 four-bed wards in addition to operating rooms, kitchens, X-Ray department, laboratories, etc.

The new wing was designed by P. J. O'Gorman, prominent Sudbury architect. It is T-shaped, 60 feet from the old building and parallel to it. This assures sunlight for every room at some time during the day, and provides a courtyard which will be made attractive with flowers and shrubs. The corridor which connects the old and new buildings comprises the stem of the T and is 26 feet wide. The building has been planned along lines which incorporate the best features of modern hospital construction and with maximum efficiency, economy of administration and comfort of patients in mind. It is four storeys high, 50 by 80 feet, running north and south.

A dignified appearance is presented by the hospital, which is faced with Milton brown rug brick with white mortar, which softens the colour and gives it a greyish tone. The older part of the hospital was built originally of red brick but was entirely refaced last summer to harmonize with the new building. It is trimmed with cut stone.

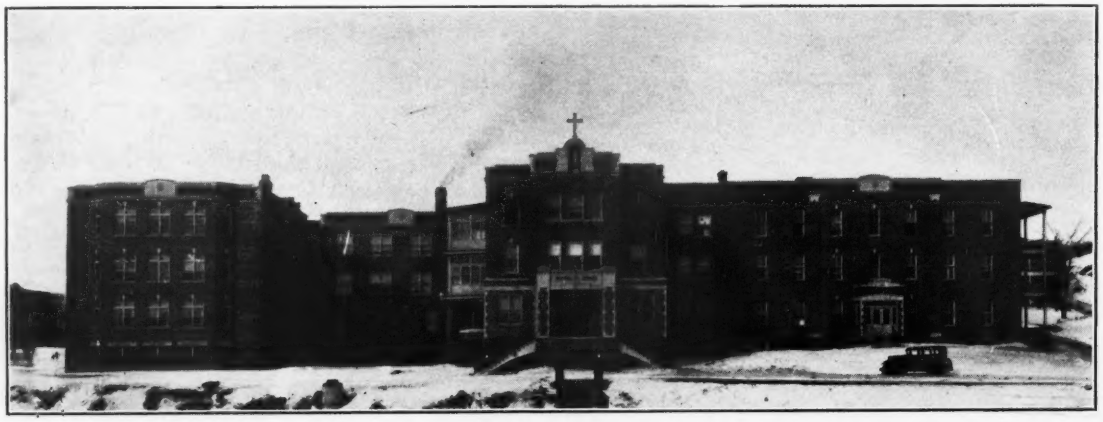
Entering the main entrance of the hospital, one faces a long corridor, on both sides of which are the administrative offices of the institution. Just inside the door, on the left, is the telephone switchboard and enquiry room. Along both sides of the corridor are the business office, the sister superior's office, the office of the head of the nurses' training school, waiting rooms for visitors and other rooms and offices for administrative purposes. At the end of the main corridor one turns to the left to enter the new wing, passing through a connecting corridor 60 feet long and 26 feet wide. The corridor is on the first floor of the new wing, which is the lowest floor on which patients are accommodated.

Before reaching the end of the corridor are the stairs leading down to the ground floor on the left, on which are located the main kitchen, storage rooms, the sisters' dining room, dining rooms for male and female help and nurses, the morgue, refrigerator rooms and two laboratories. There are also refrigerators in the diet kitchens, pharmacy and pathological departments.

There are nurses' stations on every floor, strategically situated so that the nurse has an unrestricted view along the corridors. Here are located the call boards, operated by buzzers in every room. On the first floor is the ambulance entry from the lane at the back of the building, and the emergency operating room for accident cases or cases that require immediate attention. Like the other operating rooms, it has a sterilizing room and doctor's scrub-up room adjoining. On this floor are located the X-Ray department and rooms for electrical treatment.

The second floor houses the maternity department. In addition to the regular rooms there is a creche, enclosed with glass so that visitors may view the babies from without, thereby preventing the entrance of infection. On the south end of the corridor is the beautiful Maude Cook Solarium, where maternity convalescents may pass their time amid cheerful and bright surroundings.

On the third and top floor is the operating department, comprising two major, one minor and one specialist's operating rooms. Light enters through large north windows. In addition there are special operating room lights



This is St. Joseph's Hospital, Sudbury, Ontario, as it appears to-day, having been officially opened on March 19th, 1931. Its humble beginning dates back 33 years ago, since which time it has filled an important niche in the North Country. One of the most modern in the province, the institution now has accommodation for 250 patients.

so designed as to prevent the heat of the lights from concentrating on the surgeon. The operating rooms are completely equipped with the most modern appliances. The specialist's operating room is used for eye, ear, nose and throat work, and it has black window shades which may be lowered so that the room is in almost total darkness. Of particular interest on this floor is the doctors' room, with showers and private lockers and instrument cases. The special scrub-up sinks are operated by the knee.

There is a solarium on every floor, also utility rooms with laundry chute and a chute connecting directly with the incinerator, where all waste is burned. A diet kitchen on every floor assures the patients piping hot meals. Meals are brought to the diet kitchens from the main kitchen on the service elevator. A number of private rooms have private baths, while others have a bath for every two rooms. The tubs are built in and every bathroom has its own medicine cabinet. No uniform colour scheme has been adopted, colours varying from room to room. The rooms have been furnished by persons or organizations, the donor or donors being permitted to chose the furnishings. The names of donors are done in gold lettering either on the door or the transom of the rooms.

Furniture in all rooms, private, semi-private and wards is the last word in hospital equipment. Designed and built by the Metal Craft Company of Grimsby, it is graceful, sanitary and convenient. The beds are of the gatch type. China and silverware were chosen with an eye to their effect on the patient. The doors of all rooms are of "hospital width"; that is they permit the unhampered passage of stretchers. The trimming is of gum-wood.

The new wing is entirely fireproof, of structural steel framework. Terrazzo floors are laid throughout except in the corridors which are of rubber tile or Ruboleum, making for quietness. The entire building is heated by a forced hot water system, but in the operating rooms and children's rooms, steam radiators are used as an auxiliary. The furnace is coal burning, stoked by an "automatic fireman." The heating plant is so located at the north of the building that winds carry smoke away from the building rather than toward it. For additional warmth the walls are insulated with one and one-half inch sheet corkboard. The roof is also insulated.

The old building is being altered and renovated to compare favourably with the new wing. Two large public wards with a combined capacity of 40 beds will be subdivided into six-bed wards. Private rooms and corridors in the old building have been redecorated. The chapel remains unchanged, with a seating capacity of 90. The 46 nurses are accommodated chiefly in the old building, though some of them are temporarily housed in the new.

There are six wash days a week at the Hospital. The laundry department is situated in a two-storey brick building a few yards to the northeast of the main hospital building. Routine is such that all soiled articles make a complete circuit of the building. Equipment includes steam driven washers, a Vorclone dryer for woollens, wringers, steam presses both large and small, and metal

(Continued on page 36)

"Education" the Keynote of Convention of N.S. and P.E.I. Association

National Hospital Organization, to be known as the Canadian Hospital Council, strongly favoured

THE youngest of the hospital associations and one in which we take more than usual interest in our capacity of official publicity organ, that of Nova Scotia and Prince Edward Island, celebrated its third annual convention in the apple-blossom town of Windsor, N.S. Appreciation of the value of this organization to the hospital and medical workers of these two provinces has resulted in a widespread interest in and support of the work of the association. The keynote of the convention was "education" of the public and of the municipalities, education of the hospital workers themselves, and that subject so much to the fore at the present time, the education of the student nurse.

Many problems of general and local interest were discussed. The Hon. Dr. G. H. Murphy, Minister of Health, gave an able address in which he dwelt at some length with the tuberculosis problem in Nova Scotia, and outlined the plans of the Ministry of Health for its amelioration. Realizing that segregation is one of the most important factors, the establishment of tuberculosis annexes at selected general hospitals to supplement sanatorium care was urged. It was pointed out that such an arrangement would not only be a measure of economy, but would foster and develop community education and sentiment.

One annex is being established at Inverness, C.B., and it is anticipated that arrangements will shortly be completed for another at Sydney. Incidentally the creation of this Department of Health and the appointment of Dr. Murphy to the position of Minister has met with wide approval by health workers, who feel that much greater progress may be expected now than hitherto. Strong endorsation of the movement to enforce higher standards of nursing education was expressed, and the appointment of an inspector of training schools for the province was supported. While no immediate satisfactory solution of the problem of nurse unemployment could be offered, the employment of more graduates by the hospitals, the limitation of production by curtailment of training schools and the preparation of nurses for special fields, such as public health nursing, social service, child-welfare work, etc., was urged.

The proposal to establish a national hospital organization to be constituted as a council of the various provincial or regional hospital organizations, was outlined by Dr. G. Harvey Agnew, Secretary, Department of Hospital Service, Canadian Medical Association, one of the best known figures at the Convention. There was general unanimity of opinion that a Canadian Hospital Council would be of considerable value in the solution of many general problems, and arrangements were made to send two representatives to the organization meeting in September.

The guest speakers from outside the provinces of Nova Scotia and Prince Edward Island were Miss Mary Beard, R.N., the Assistant Director, the Medical Sciences, the Rockefeller Foundation, who spoke on maternal welfare and described the training and role of the qualified midwives in certain European countries, and Miss E. L. Smellie, Chief Superintendent, Victorian Order of Nurses in Canada, who discussed certain relationships and responsibilities involved in working out an effective health programme.

The attendance at the convention was most gratifying, testifying to the continued interest of hospital administrators in the provinces of Nova Scotia and Prince Edward Island in the programme of discussions. Among those whose names appeared on the comprehensive programme were the following: The Hon. H. G. Murphy, Minister of Health; L. D. Currie, LL.B.; Miss A. Slattery; Dr. O. B. Keddy, Mayor of Windsor; D. C. Sinclair, LL.B.; Rev. Ronald MacDonald; Sister Ignatius; Sister John Baptist; Dr. G. Harvey Agnew; Rev. H. G. Wright, Inverness; Miss Marion Boa, Superintendent, Aberdeen Hospital, New Glasgow; Miss Mary Beard of the Rockefeller Foundation; Rev. M. M. Coady, D.D., St. Francis Xavier University, Antigonish; Miss E. L. Smellie of the Victorian Order of Nurses; W. K. Rogers, Charlottetown; Arthur S. Burns, M.D., Kentville; John G. MacDougall, M.D., C.M., Halifax; Dr. J. W. Reid, Windsor; Dr. H. L. Scammell, Victoria General Hospital; Sister Anna Seton, Halifax Infirmary; Miss M. MacMillan, Glace Bay General Hospital.

Nor was the social side of the convention overlooked. A very fine banquet was held at Haliburton Inn, Windsor, N.S., at which a number of guests spoke. Then there was an afternoon drive to Look Off, Cape Blomidon, and a visit to the Eastern Kings Memorial Hospital at Wolfville, described in a recent issue of The Canadian Hospital, where Miss Bengtson, Superintendent, entertained the guests at tea. A tea was also held at the Nurses' Residence of the Payzant Memorial Hospital, the Women's Auxiliary acting as hosts.

A resolution was brought in that the government should be requested to make the necessary revision so that hospitals would not have to pay the 4 per cent. sales tax. It was decided that Mr. L. D. Currie and the Rev. H. G. Wright would represent the Hospital Association of Nova Scotia and Prince Edward Island in Toronto when the organization meeting for the Canadian Hospital Council is held in September. They will also confer with the Registered Nurses' Association regarding the raising of the minimum standard for Training Schools.

With only one exception the officers of the association remain the same, Rev. W. R. Turner of Middleton, N.S.,

being replaced by Mr. W. K. Rogers of Charlottetown on the Executive Committee. The officers are as follows:

Honorary Presidents — Major W. A. Fillmore, Amherst, N.S.; Major MacConnell, Sydney, C.B.
President—L. D. Currie, LL.B., Glace Bay, C.B.
First Vice-President—Rev. H. G. Wright, Inverness, C.B.
Second Vice-President — Sister Rita, R.N., Glace Bay, C.B.
Secretary-Treasurer—Miss Anne Slattery, B.A., R.N., Dalhousie University.
Executive Committee Officers — Sister Ignatius, R.N., Antigonish, N.S.; W. K. Rogers, Esq., Charlottetown, P.E.I.; D. C. Sinclair, Esq., LL.B., New Glasgow, N.S.; Otis Wack, Esq., Windsor, N.S.

An invitation was accepted to hold the 1932 convention at Bridgewater in June.

New Uses of Rubber As An X-Ray Repellent

(Continued from page 25)

litharge reinforced rubber, we get X-Ray resistance and a finished floor both at the same time. By treating the floor of the room above in the same manner we have solved the ceiling problem, while for wall treatment, it is applied to hard plaster walls finished flush with the face of the grounds, which run approximately 12 inches centre both horizontally and vertically. The tile is applied on a canvas which has first been cemented and tacked to the wall. The usual height of wall application is 7 feet from the floor.

The positiveness of this X-Ray proof rubber running uniform is readily checked by standardizing in size of pieces which with the proper proportion of litharge, will run exactly the same weight; or if any doubt exists as to their running equal to desired quality, it is a simple matter to expose each piece to X-Ray test before it is installed.

While actual comparison in cost as between sheet lead and reinforced ray rubber is difficult to make, owing to the fact that the sheet lead calls for one type of construction and the ray rubber another, it seems apparent that considering the value of the finished floor and the finished wall, using the ray rubber versus the necessity of building a finished floor and a finished wall on or outside of the sheet lead installation, that the chances are that the ray rubber installation will be definitely less.

Among installations are the following: Tampa Municipal Hospital, Tampa, Fla., Stevens & Lee, Architects; Geisinger Hospital, Danville, Pa., Dr. H. L. Foss, Supt., Stevens & Lee, Architects; Germantown Hospital, Philadelphia, Pa., Lewis N. Clark, Supt., Arthur H. Brockie, Architect; St. Cloud Hospital, St. Cloud, Minn., Schmidt, Garden & Erickson, Architects; Jewish Hospital, Brooklyn, N.Y., Dr. C. Wasch, Roentgenologist, Crow, Lewis & Wick, Architects; Orange Memorial Hospital, South Orange, N.J.; Torrington Hospital, Torrington, Conn.

WILLIAMS LAKE, B.C.—The War Memorial Hospital is calling for tenders for the erection of an Indian wing at the hospital.

Paying the Baby's Bill on the Instalment Plan

WITH instalment buying at last accepted almost generally as the new economic basis on which much business is transacted, it is not so surprising to find that even babies may be paid for on instalments. "One more payment and the baby's ours" will be heard with increasing frequency around Chicago, where the Presbyterian Hospital has evolved a plan whereby prospective mothers and fathers will be enabled to pay the cost of prenatal care and confinement on "easy terms," as the furniture salesmen term instalment payments.

Correspondence with Asa S. Bacon, Superintendent of the Presbyterian Hospital of the City of Chicago, yields us some very interesting information which we are pleased to pass along to our readers.

The usual fee for the care of obstetrical patients is $45, this including the laboratory fee of $5 (for Wasserman and urinalysis) and ten days' care at $4 per day. These obstetrical patients occupy beds in the general obstetrical wards and are cared for by resident physicians under the supervision of the head of the obstetrical department. If the patient remains longer than ten days, an additional charge of $4 per day is made, but usually the $45 covers the entire hospital bill. In cases where circumcision or X-rays are necessary, there is an additional charge, as the $45 does not provide for them.

The patient pays this charge in instalments at the rate of $5 per month. At the time of registration the patient pays $5 for each month she has been pregnant and $5 per month thereafter until the total amount is paid before admission. If, for any reason, the patient does not come to the Presbyterian Hospital for delivery, the money is refunded, except the $5 laboratory fee, and a report of the prenatal examinations is sent, with the consent of the patient, to her physician or hospital.

These rates do not apply to any patient who is able to pay a doctor's fee. The social condition and the ability to pay of each patient applying for the $45 rate is gone into thoroughly by the Social Service Department, and no one is admitted who has sufficient income to pay for a doctor. Those patients who are able to pay a doctor's fee and who wish accommodation other than in the general obstetrical ward are permitted to use the same instalment plan, but they pay correspondingly higher instalments in proportion to the type of accommodation they wish.

There is no definite time for registration before delivery, the hospital endeavouring to suit the patient's convenience. The hospital issues what is called a "Baby Book," issued in the names of the prospective parents, which serves as a "pass book" in which payments are recorded, instead of issuing separate receipts each month. In addition the general rules to be followed during pregnancy are contained therein as constant reminders that the health of the baby is dependent upon the care of the mother, also general information relative to the prospective mother. Two pages are reserved for the baby's record up to the age of 18 months, while on the last page

is listed the information required before a birth certificate can be made out.

In inaugurating this system of "instalment payments" the hospital has done several very commendable things. In the first place it has helped to solve the problem of the patient of small income by providing the prospective mother and father with a means of paying the costs of prenatal care and confinement with the least possible inconvenience and hardship, and in a manner known to them. It encourages them to be self-supporting and make every effort to pay their way. It is likely to have far-reaching and permanent effects in this direction, thereby lessening the chances of their becoming dependent upon public charity. By eliminating money worries it has afforded greater mental and physical health to the prospective mother. It is likely to show the mother the way to educating the child—by consistent saving, for instalment buying is after all just another form of saving, "sugar coating the pill" as it were.

So far as the hospital is concerned, the plan works to its benefit in several ways also. In the first case it eliminates a certain number of unpaid bills, thereby strengthening the institution's financial structure. By encouraging the prospective mothers to come to the hospital for prenatal care many of the hazards of childbirth are eliminated, and as a result the institution will show unusually low mortality rates. Future use of the hospital's facilities will no doubt be paid for in full as a result of showing the parents how to be self-supporting.

Hospital administrators who feel inclined to give this plan a trial will find no impediments standing in the way of their doing so, for it is not copyrighted, and Asa S. Bacon, its originator, states that he will be glad to have any hospital in the country use it that choses to do so. The plan, it might be mentioned in passing, was advised first in 1918, and was brought to the attention of the American Hospital Association a few years ago.

Simplified Practise Recommendation Re Adhesive Plaster Reaffirmed

Simplified practise recommendation R85-28 on Adhesive Plaster has been reaffirmed by the standing committee of the industry, without change, for another year, according to an announcement of the Division of Simplified Practise of the National Bureau of Standards, Washington.

This recommendation, which was instrumental in effecting a reduction in the number of rolls of adhesive plaster from 3 to 2, and in reducing the number of widths of spools from 8 to 5, and their lengths from 23 to 13, has been in effect since September 1st, 1928.

TRANQUILLE, B.C.—Through the efforts of Dr. Lapp at Tranquille Sanatorium, satisfactory arrangements have been completed for the affiliation of nurses from a number of training schools, for a two-months' course in the sanatorium. The sanatorium has been generous in its arrangements, which include railway fare for their students as well as payment of the expense allowance granted by the nurses' own training school while in residence.

News of Hospitals and Staffs

A Condensed Monthly Summary of Hospital Activities, and Personal News of Hospital Workers

Editor's Note: Contributions of items for publication in this department will be gladly received. Please Address, The Canadian Hospital, 177 Jarvis Street, Toronto.

BATHURST, N.B.—Announcement has been made that a 96-bed tuberculosis sanatorium will be erected this summer at a cost of between $250,000 and $300,000. Special attention will be given to children's cases, a separate department having been planned for them. The sanatorium will be built on the beautiful farm property three miles from Bathurst which was given to Bishop Chiasson some months ago by Sir James Dunn of London, England.

* * *

GODERICH, ONT.—Plans for a new wing to Alexandria Hospital have been approved and have been forwarded to the Provincial Architect for his approval. The wing will be built this summer, it is expected. The addition calls for a double-decked solarium on the extreme south of the building, with kitchen, dining room and superintendent's office on the ground floor and patients' rooms above.

* * *

GUELPH, ONT. — Dr. Alfred Thomas Hobbs, widely known physician and for 20 years superintendent of Homewood Sanatorium, died at John Hopkins Hospital, Baltimore, recently, in his 65th year. Since retiring from the superintendency of the Sanatorium, Dr. Hobbs resided in Toronto and spent the winters in Florida.

* * *

HALIFAX, N. S.—At the annual meeting of the Registered Nurses' Association held recently the question of a superior standard in schools of nursing was discussed, with the result that a motion was passed which will be entered on the statutes of the Association that unless the nurses entering the training schools this September have grade 10 certificates or their equivalents, they will not be eligible for registration at the end of their course in 1934. Heretofore this qualification had been merely recommended, and although adopted by most of the training schools for Nurses in Nova Scotia, no direct agreement could be made.

* * *

INVERNESS, N. S.—Under agreement negotiated between members of the Board of the Inverness County Memorial Hospital and representatives of the Provincial Department of Health a tuberculosis annex will be built to the present institution. The Memorial Hospital is the first Nova Scotia institution to sign an agreement with the Department of Health under whose auspices a province-wide campaign is to be made against tuberculosis. According to rough plans submitted, the annex will be built in the nature of a wing on the present buildings. A portion of the sun parlour in the present building will be utilised for tubercular patients.

KINGSTON, ONT.—Patients are being moved into the new Main and Watkins Building of the Kingston General Hospital. The new building was opened a little more than a month ago, since which time the hospital has been busy getting it in readiness for the reception of patients. The accommodation is for 60 beds. It is the intention of the hospital to close the floors of the Empire wing, which will undergo redecoration and renovation.

* * *

KINGSTON, ONT.—The Nurses' Alumnae Association of the Kingston General Hospital has honoured the memory of an outstanding nurse by establishing a permanent prize in gold to the girl attaining the highest standing in the junior class of the hospital training school at the spring examinations. The nurse in whose honour the prize will be given was Mrs. Georgina Nicol, a graduate of 30 years ago, and who was the first president of the

Alumnae Association. Mrs. Nicol died last February, deeply mourned by all her associates. It was she who inaugurated Violet Day in aid of the hospital, this being held yearly on Easter Saturday.

* * *

KINGSTON, ONT. — Prof. L. J. Austin of Queen's University, one of the most prominent surgeons on the continent, was elected president of the Ontario Medical Association at its annual Convention at Niagara Falls.

* * *

KOOTENAY LAKE, B. C.—With deep regret the Board of Directors of the Kootenay Lake General Hospital accepted the resignation of Miss Carrie M. Treffry as matron after two years of effective service. Miss Treffry's resignation became effective on June 30th.

* * *

LONDON, ONT.—Dr. H. O. Foucar has been appointed chief of the surgical staff at St. Joseph's Hospital, succeeding the late Dr. A. J. Grant.

* * *

LUNENBURG, N. S.—At a recent meeting of the Board of Trade, the matter of a hospital for Lunenburg was brought up and as a result a nominating committee was appointed, who in turn selected a committee to look into the matter. It is likely that the hospital will be one of 10 beds.

* * *

MONTREAL, P.Q.—A tuberculosis sanatorium will be erected east of Pius IX Boulevard between St. Leonard de Port Maurice and Riviere des Prairies by the Bruchesi Institute at an estimated cost of $1,500,000. The new Institute will include 500 beds and the most modern equipment to fight tuberculosis. The building will be erected on a site donated by a generous citizen who does not wish his name divulged. The cost of the enterprise is to be borne partly by the Provincial Government and the City of Montreal, the former contributing $960,000 and the latter $540,000.

* * *

MONTREAL, P. Q. — The objective for the Building Fund Campaign for St. Mary's Hospital has been exceeded by more than $61,000, according to final reports from campaign headquarters. Total subscriptions amounted to $1,361,396.93, this including the Provincial and municipal grants of $350,000 each.

* * *

OTTAWA, ONT.—Utilisation of part of the roof of the Civic Hospital for the treatment of certain cases with sunlight has been suggested to the Board of Hospital Trustees by the Advisory Board through its secretary, Dr. J. H. Alford. After discussion as to the cost of fitting up the roof and the additional help required, the matter was referred to a committee.

* * *

OSHAWA, ONT.—The addition of a wing to provide an isolation unit, further accommodation for the nurses and more beds for patients was advocated for the Oshawa General Hospital at a meeting recently.

PENETANGUISHENE, ONT.—Two hospitals for mental cases will be constructed by the Ontario Government at a cost of nearly $500,000, it has been announced. A new reformatory to house 150 girl mental defectives will be constructed at the Ontario Hospital, Orillia, at an estimated cost of $200,000. The Ontario Hospital at Penetanguishene will be enlarged by the erection of a building costing approximately $275,000, which will house 150 criminally insane. The contract for the latter has already been let, and the contract for the former will be let in the near future.

* * *

STRATHROY, ONT. — The Strathroy General Hospital has been bequeathed the sum of $11,132.80 under the terms of the will of the late Mr. Edward Rowland, a private banker.

* * *

TORONTO, ONT.—Additional facilities for the treatment of infantile paralysis are soon to be installed at the Hospital for Sick Children in the form of a Hydro-Therapeutic Tank. This has been made available through the generosity of the Junior League. Four thousand dollars was voted by the League for this purpose. The equipment for this phase of treatment includes in addition to a tank 10 feet by 18 feet, appliances on which the child is placed while partially submerged in water facilities for the bathing of the child before it is placed in the tank and to warm him afterwards, and dressing rooms. The equipment will be used largely for out-patients. Since infantile paralysis begins usually to make its appearance in August or September, it is hoped that the installation of this new equipment will be completed by then.

* * *

TORONTO, ONT.—The Toronto General Hospital Training School for Nurses celebrated the 50th year of its founding on June 10th when a reunion of graduates was sponsored and a garden party held which attracted visitors from all parts of the Dominion and of the United States. The occasion was graced by the presence of Miss Mary Agnes Snively, first superintendent of nurses.

* * *

TORONTO, ONT.—Mr. W. B. Clark has been appointed Assistant Superintendent at the Toronto General Hospital, succeeding Mr. D. B. Gardner in that position.

* * *

WALKERVILLE, ONT.—While agreed that a tuberculosis sanatorium for the Border Cities region is urgently needed, a difference of opinion exists as to whether it should be erected on the grounds of the Metropolitan General Hospital or at some distance from the town. At any rate, it is likely that a sanatorium will shortly be erected in the vicinity.

* * *

WINNIPEG, MAN.—A recreation hall for soldiers will be built through the generosity of the Deer Lodge branch of the Canadian Legion and the Women's Tribute Association at Deer Lodge Hospital. The cost of the building will be in the neighbourhood of $32,000.

* * *

WINNIPEG, MAN.—In a statement made recently, the Carmel Clinic referred to the installation during the past

two years of a complete X-Ray department and of violet ray and electro-therapy equipment, as well as a modern dispensary and laboratory. A membership drive was inaugurated on May 31st for the purpose of raising funds for the creation of a complete, modern hospital. There has recently been added to the staff of the Clinic a specialist in the diseases of children, and it is anticipated that in the near future a children's department will be opened at that institution.

* * *

WOODSTOCK, ONT.—In order to overcome legal technicalities which at present prevent Oxford County from joining in with Woodstock in the cost of maintaining the proposed $30,000 isolation unit of the Woodstock General Hospital, J. R. Shaw, a member of the hospital trust, applied to the Legislature to have the Hospitals Act amended. As the act now stands, the unit can be maintained by two adjoining municipalities but the county does not come under that head.

* * *

VANCOUVER, B.C.—The installation of two tubular steel fire escapes has been authorized for the Vancouver General Hospital. Approval has also been given of the plan to remodel two houses belonging to the hospital on 13th Street, which will be used for the accommodation of the enlarged interne staff. It has been announced by Dr. A. K. Haywood that the interne staff of 16 will be increased to 35 after July 1st. The hospital furnishes board, lodging and uniforms for its internes, in addition to paying them $50 a month for the first year and $100 a month for the second year.

G. H. Wood & Co., Limited Purchase Modern Factory Building

G. H. Wood & Company Limited have again forged a further link in the chain of their progress by the purchase, from the Sir Adam Beck Estate, of a large, modern, daylight building located at 736 Dundas Street East, Toronto.

In their new home the Company will be able to extend their activities considerably. The manufacturing section is exceptionally well planned, having a manufacturing daily capacity in excess of 2000 gallons of Liquid Toilet Soap.

Unlike many concerns that are suffering from the present depression, the sales of G. H. Wood & Company Limited show an increase over those of last year. This increase is being enjoyed at both their Toronto and Montreal factories.

The Company are specialising on three grades of Surgical Green Soap—one liquid ready for use; another a concentrated syrup-like product, which is enjoying great popularity in many of the largest Hospitals in the Dominion—and last and by no means least, a Solidified Green Soap that is paste-like in appearance. These soaps are manufactured from the finest of edible cocoanut and olive oils obtainable, yet owing to the tremendous production, the cost is exceptionally low.

G. H. Wood & Company Limited will be pleased to send you a sample of whichever grade you prefer, together with their various quantity prices. Address their nearest office—Toronto, Montreal, Ottawa or Halifax.

New Wing of St. Joseph's Hospital, Sudbury, Incorporates Best of Modern Features

(Continued from page 27)

moulds for nurses' caps. The staff of the laundry consists of an efficient sister who superintends, one man and seven girls.

The Maud Cook Solarium on the second floor is furnished in a manner which is bound to provoke approving comment. Even the smallest details have been thought of, including a fine selection of books and a tea wagon daintily fitted with Aynsley China in the Mikado pattern and fine, hand embroidered serviettes. The gay furniture and charming appointments of the room vie with the bright sunshine as a tonic for convalescents. Light brown curtains and matching rugs on the terrazzo floor offer contrast to the colourful furniture and lamps. Easy chairs, ferneries, two comfortable sofas, a chaise lounge, a tea wagon and desk are in modified modernistic style and are made of heavy rattan in cream shade with fine lines of orange and black. The upholstery is of gayly patterned, washable, rubberized fabric. The solarium for the men's ward on the main floor is furnished in a more masculine and rugged style, with walnut furniture, buff walls and rose chintz curtains. The solarium on the third floor is colourful with green and yellow curtains, ferns and rattan furniture in yellow and black.

Just as the kitchen is often referred to as the heart of the home, so is the kitchen at St. Joseph's, the axis on which much activity revolves. The culinary department is situated in the northwest corner of the basement, and it combines cheerfulness and efficiency. Floored in red tile, the spacious room is lighted by four large windows which open to the west and by a skylight directly over the cooking apparatus. The walls are of plaster tile, painted grey for a depth of four feet with white from there to the ceiling. The long sink is under the windows and beneath this is a row of painted and neatly labelled barrels which contain kitchen staples.

Three large metal urns, also operated by steam, provide tea, coffee and hot water. The bakery is a small room occupied chiefly by three electric ovens, built in tiers, racks and cupboards for storing cakes and pies, a cake mixer, a work table and supply cupboards. The dessert room, where puddings and other desserts are prepared, contains an electric range and large toaster, as well as work tables and cupboards for supplies. There is also a scullery and a vegetable room, where a potato peeler facilitates work. Vegetables are delivered at the hospital via a chute to the vegetable room. The refrigerator unit is divided into three sections opening on to a roomy corridor which is connected with the kitchen. One section is for meats and fowl, a second for butter, milk and cheese and a third for miscellaneous foods.

Practically all food, with the exception of special diets, is prepared in this large main kitchen and taken to the various parts of the hospital. Three-tier conveyors carry the food to the diet kitchens, from which it is transferred to patients' trays. Dishes for the first floor are patterned in red, those for the second floor in yellow and those for the third floor in blue, and all are Limoges ware. Individual tea and coffee services are of green or brown pottery, except those for use in private rooms, which are of silver plate.

E. R. Squibb & Sons Improve Ether Cans

A complete electro-plating outfit, new and improved machines and the renovation of others, in order to make what to the layman's eye appear minor changes in ether cans, are part of the programme now under way at the New Brunswick plant of E. R. Squibb & Sons. But Squibb is just as much concerned over the type and quality of the ether containers as over the ether itself. Chemists know that the purer the ether the more difficult it is to preserve against deterioration. That is why some four years ago the Squibb firm decided that its high quality ether must be packaged in copper-lined cans. Now Squibb has decided that, to make the best container possible, it would not only manufacture the complete can but would do the actual copper plating of the tin materials also, thus bringing the entire operating under its own supervision.

New machinery has been installed to make the dome on ether can caps a little higher, so that it will be easier for the doctor to pierce the cap when administering the anaesthetic. In order to be able to regulate to a nicety the copper plating of the cans, this operation will henceforth be done at the Squibb plant. And to make the job of perfecting quite complete the package has been dressed up in a new box with new colours, on which it is proudly proclaimed that Squibb ether is "Copper Protected" and that it is "Of superior quality and entirely stable while kept in the original unopened can under normal conditions."

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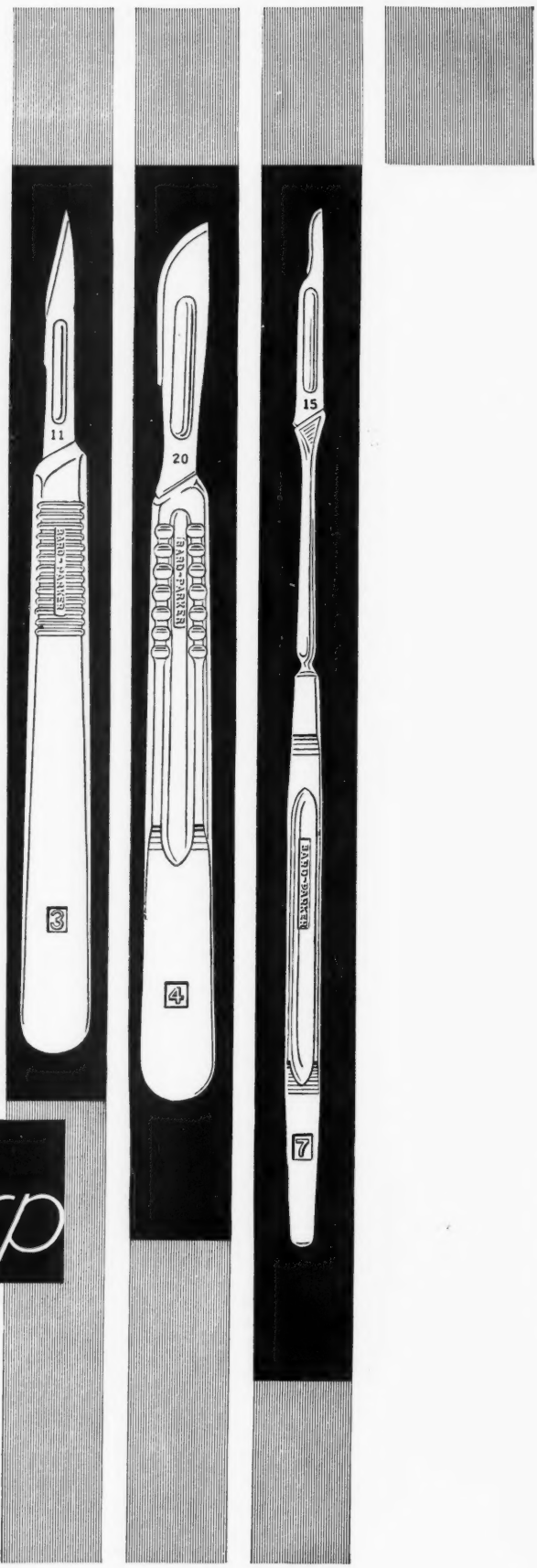

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